

# OPERATOR FORM

Reporting Agency				Officer ID#		Accident Date		Accident Time		Date Notified		Time Notified		Report #				
Body of Water				Location				GPS		Nearest Town/City				County				
# of Vessels Involved			Property Damage <input type="checkbox"/>		Personal Injury <input type="checkbox"/>		Fatal Injury <input type="checkbox"/>		Missing Person <input type="checkbox"/>		Hit & Run <input type="checkbox"/>		Total incident damage over \$2000 Yes <input type="checkbox"/> No <input type="checkbox"/>					
VESSEL 1	Operator Name				Age		Date of Birth		SEX	EDU	Make		Model		Year	Length	Color	
	Address								EXP	PFD	Registration #		HIN #		Engine #	Horsepower		
	City				State		Zip Code		LAN YARD	INJ	Capacity Plate →→→ INDICATE CAPACITY PLATE INFORMATION		# lbs.		# of Persons		Horsepower	
	Telephone #				Drivers License #				PRI	SEC	Vessel Owner				Insurance Company			
	Hospital				EMS				MED 1	MED 2	Address				Policy #			
VESSEL 2	Operator Name				Age		Date of Birth		SEX	EDU	Make		Model		Year	Length	Color	
	Address								EXP	PFD	Registration #		HIN #		Engine #	Horsepower		
	City				State		Zip Code		LAN YARD	INJ	Capacity Plate →→→ INDICATE CAPACITY PLATE INFORMATION		# lbs.		# of Persons		Horsepower	
	Telephone #				Drivers License #				PRI	SEC	Vessel Owner				Insurance Company			
	Hospital				EMS				MED 1	MED 2	Address				Policy #			
<p><b>Please complete the following questions regarding your vessel/watercraft.</b></p> <div> <div> 1. Estimated number of days vessel was used this year. _____</div> <div>6. Total dollar amount of vessel damage. _____</div> </div> <div> <div>2. Typical number of people on board this vessel. _____</div> <div>7. Vessel name (documented). _____</div> </div> <div> <div>3. Estimated number of hours operating vessel involved in accident. _____</div> <div>8. Vessel documentation number. _____</div> </div> <div> <div>4. Typical number of hours vessel was used each day this year. _____</div> <div>9. Weather reports available and used? Yes <input type="checkbox"/> No <input type="checkbox"/></div> </div> <div> 5. Vessel length _____ width (beam) _____ depth at transom _____ (feet &amp; inches) </div>																		

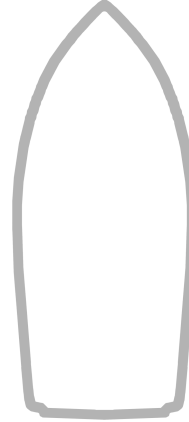
DIAGRAM - not to scale

indicate North

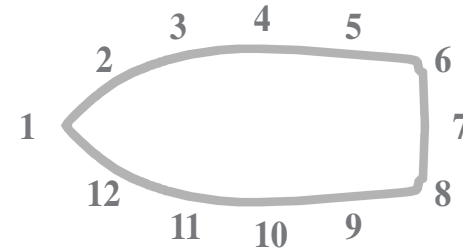


PASSENGER  
LOCATION

indicate position by  
occupant #



VESSEL 1 - Circle number indicating damaged areas



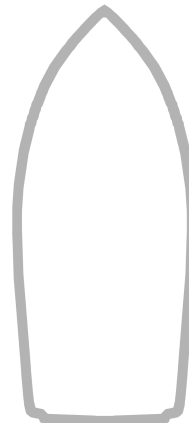
Circle number indicating damaged area

13 - Below the waterline    16 - Damage to the deck  
14 - Lower unit/propeller    17 - Burned  
15 - Windshield    18 - Sunk

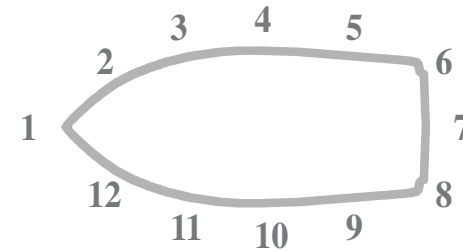
NARRATIVE

PASSENGER  
LOCATION

indicate position by  
occupant #



VESSEL 2 - circle number indicating damaged areas



Circle number indicating damaged area

13 - Below the waterline    16 - Damage to the deck  
14 - Lower unit/propeller    17 - Burned  
15 - Windshield    18 - Sunk

***DIRECTIONS FOR COMPLETION OF THE OPERATOR FORM***

***OPERATOR FORM***

The operator of every vessel involved is required by the Illinois Boat Registration Act of 1959 to file a report in writing whenever a boating accident results in a loss of life, injury to persons or property damage in excess of \$2,000. Reports in death cases must be submitted within 48 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Illinois Department of Natural Resources, Law Enforcement, One Natural Resources Way, Springfield, IL 62702-1271.

Mail the completed form to: **Illinois Department of Natural Resources, Office of Law Enforcement, One Natural Resources Way, Springfield, IL 62702-1271**